APR - 4 2002

January 7, 2002

SUMMARY OF SAFETY AND EFFECTIVENESS

In accordance with the requirements of the Safe Medical Device Act of 1990 and 21 CFR 807.92, Linvatec Corporation is hereby submitting the 510(k) Summary of Safety and Effectiveness for the Resection Ablator, 510(k) Number K013369 .

A. Submitter

Linvatec Corporation
11311 Concept Boulevard
Largo, Florida 33773-4908

B. Company Contact

Laura D. Seneff, RAC
Manager, Regulatory Affairs
(727) 399-5234 Telephone
(727) 399-5264 FAX

C. Device Name

Trade Name: Resection Ablator

Common Name: Electrosurgical Electrode

Classification Names: Electrosurgical cutting and coagulation device and accessories, 21 CFR 878.4400

Proposed Class/Device: Class II
Product Code GEI

D. Predicate/Legally Marketed Devices

Trident™ Resection Ablator 510(k) #K002088
Linvatec Corporation

E. Device Description

The Resection Ablator is a combination of a Linvatec arthroscopic shaver blade and a Linvatec UltrAblator® monopolar electrode. The product configuration combines the mechanical resection of a shaver blade and the ablation and hemostasis functions of an electrode. The Resection Ablator is supplied sterile, single use.

This submission describes the next generation of the Resection Ablator product line. The shaver blade portion of the device has been changed, as well as materials of the ceramic tip, insulation coating and electrode. The ceramic tip and electrode strip configuration have also been changed to extend nearer the distal tip.

F. Intended Use

The Resection Ablator is intended to be used in arthroscopic procedures for resection of soft tissue, ablation of soft tissue and hemostasis of blood vessels.

G. Substantial Equivalence

The Resection Ablator is substantially equivalent in design, technology and intended use to Linvatec's existing Trident Resection Ablator. Performance testing has been conducted to show that the modifications to the Trident Resection Ablator do not raise any new issues regarding safety and effectiveness.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Ms. Laura Seneff
Manager
Regulatory Affairs
Linvatec Corporation
11311 Concept Boulevard
Largo, Florida 33773-4908

APR - 4 2002

Re: K013369
Trade/Device Name: Resection Ablator
Regulation Number: 878.4400 and 888.1100
Regulation Name: Electrosurgical Device, Cutting & Coagulation & Accessories and Arthroscope
Regulatory Class: II
Product Code: GEI and HRX
Dated: January 7, 2002
Received: January 9, 2002

Dear Ms. Seneff:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

Miriam C. Provost

for Celia M. Witten, Ph.D., M.D.
Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

January 7, 2002

510(k) Number (if known): K013369

Device Name: Resection Ablator

Indications for Use:

The Resection Ablator is intended to be used in arthroscopic procedures for resection of soft tissue, ablation of soft tissue and hemostasis of blood vessels.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE If NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use ✓ OR Over-the-Counter Use ___
(Per 21 CFR 801.109)

(Optional Format 1-2-96)

Miriam C. Provost

(Division Sign-Off)
Division of General, Restorative
and Neurological Devices

510(k) Number K013369